



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

CHILDHOOD LEAD POISONING PREVENTION AND CONTROL COMMISSION

COMMISSION MEETING

September 26, 2006

1:00 – 4:30pm

7th Floor Conference Room of Capital View Building

MINUTES

COMMISSIONERS PRESENT

Carole Ann Beaman Ph.D, LLP
Joan Dyer
Bruce C. Jeffries
Laurel R. Sproul
Kimberlydawn Wisdom, M.D., M.S.

COMMISSIONERS ABSENT

Randy Barst
Darryl K. Gallant
Clay Powell
Robert D. Sills

STAFF

Donna Strugar-Fritsch
Amy Wiles
Mary Scoblic

PUBLIC

Jane Nickert – MDCH, CLPPP
Debby Behringer – MDCH, CLPPP
Sharon Hudson – MDCH, CLPPP
Robert Lantzy – Buckfire and Buckfire P.C.
Paul Haan – Get the Lead Out
Patty Lam
Robert Scott, MDCH, CLPPP
Sharon Hudson, MDCH, CLPPP
Carin Reck

I. CALL TO ORDER

Chairperson Kimberlydawn Wisdom called the meeting to order at 1:05 p.m. Dr. Wisdom reviewed meeting objectives. She noted that the Commission is obligated to send an annual report to the Legislature in March 2007, and a long-term state plan by its sunset date of July 1, 2007. She requested that public comment be held until the end of the agenda, except for those called on to provide specific information or reports.

II. UPDATE ON ACTIVITIES SINCE MARCH 2006 MEETING

Michigan Childhood Immunization Registry:

Legislation passed to expand registry to include all ages, data retained permanently instead of being eliminated at age 19. Allows selected information that beyond immunizations, including lead testing data. Will contain every lead test date and results displayed in a graph. MDCH is testing the system now. Estimated implementation date: within 2 weeks. Name changed to Michigan Care Improvement Registry.

ACTION: Dr. Wisdom will discuss press release during Lead Poisoning Awareness Week (last week of October) with Mary Scoblic and others in MDCH, perhaps Commission will issue release as well.

Lead Safe Housing Registry:

Development continues, not yet operational. Questions about barriers to implementation, data with which registry will be populated, and others not able to be answered by staff in attendance. Commissioners questioned whether cost of software and implementation could be shared with other departments/agencies that may need be able to use software.

ACTION: By October 31, 2006, MDCH will send Commission a detailed update about the Housing Registry which addresses all questions raised.

Legislation Requiring that Children Enrolled WIC be Tested for Lead:

March 29, 2006 Senator Scott introduced SB 1198, to require that all children enrolled in WIC programs be tested for lead. The bill moved quickly through both houses and was passed as PA 286 of 2006 on July 26. Law reads:

Beginning October 1, 2006, the department and the department of community health shall require that all children participants in the special supplemental food program for women, infants, and children (WIC program) receive lead testing. Federal funds provided for administration of the special supplemental food program for women, infants, and children (WIC program) shall not be used to implement or administer the provisions of this section.

14,500 children are enrolled in WIC. The children who are enrolled in Medicaid and being seen at WIC will be tested at WIC. About 20% do not have Medicaid coverage or are seen at WIC clinics not affiliated with public health, and therefore do not have a likely source for payment for lead testing. MDCH is working with WIC to resolve implementation issues.

ACTION: Staff will investigate other states that have lead testing requirements in WIC, regarding how payment issues have been resolved.

Funding for Lead Initiatives:

LHHS was just awarded a \$3M HUD grant. The Healthy Michigan Fund allocated \$1 million to MDCH for FY 2007. Internal discussions may move some of the funds around, which may result in reduced funds for public awareness activities and possibly other lead programs. Dollars: MDCH is applying for EPA grant due in January for conferences.

The final round of CDC grants for lead have been awarded to MDCH and City of Detroit. These 5-year grants are expected to permanently exhaust in 2010. Commissioners noted that MSHDA and MDEQ have experienced unexpected reduction in funds for lead-related activities this past year, which have disrupted several abatement projects.

Public Awareness:

Staff noted increasing attention to lead poisoning and its effects of childhood behavior in all forms of national media. Also noted was increasing evidence of recognition among health and education professionals that children exhibit effects of lead exposure at levels far less than 10 mcg/dl.

III. STATUS OF COMMISSION RECOMMENDATIONS

Enhancing the Effectiveness of Government Programs (blue handout)

1. *Michigan Department of Human Services Should Establish the Goal to Provide Emergency Housing Funds to Families With Young Children Only for Properties Deemed Lead-Safe.*
2. *Michigan Department of Human Services Should Add Environmental Assessment of Lead Hazards to Licensure Requirements for Daycare Settings. (Discussion for items 1 and 2 are combined below)*

Action to Date:

- New Child Care Center rules promulgated requiring newly licensed centers housed in buildings built before 1978 to have a Lead Hazard Risk Assessment and to comply with the findings before license is issued. Rules become effective December 7, 2006. Does not apply to daycare homes.
- New rules for Family and Group Day Care Home Licensure became effective 1/1/06. Rule R400.1932(6) states "There shall be no flaking or deteriorating paint on interior and exterior surfaces, equipment, and toys accessible to children."
- DHS work group of Central and Field staff convened to establish minimum requirements for addressing lead paint safety in housing funded by DHS. Issued policy in May 2006 whereby child or family with a child less than age 6 may be placed into State Emergency Relief housing or Foster Care unless the property has been documented to be lead-safe. Policy becomes effective January 1, 2007.
- March 2006 state-wide training of daycare licensing consultants re: lead hazard and remediation

Next Steps:

- DHS and DCH work collaboratively to:
 - Build links between state agencies to fully engage DHS as a partner and to fold DHS initiatives into statewide lead programming and planning.
 - Build links between county DHS offices and local public health agencies to support local action on housing found to contain lead hazard
 - Define "lead-safe"
 - Education local public health about new DHS initiatives and rules

- Identify educational materials for home owners regarding acceptable interim controls
- Commission to investigate low-interest abatement loans and other funds to address foster parents who own homes containing lead hazards. May engage MSHDA and HUD as well.

3. *Michigan Should Uniformly Enforce the Statewide Property Maintenance Code in All Counties and Municipalities*

Action Steps: Convene work group to include Clay Powell, DLEG, volunteers from Detroit and Grand Rapids, Alliance for Healthy Housing to identify scope of variance in enforcement, barriers and effective measures to induce increased enforcement. Report to Commission by December 15.

4. *MDCH and MDEQ Undertake a Joint Process So That When DEQ Conducts Soil Abatement Activities on a Property, MDCH is Notified and Conducts Outreach to the Property Owner/Renter Re: Lead Hazard.*

Action to Date: Memorandum of Understanding between agencies had been drafted and is under review at DEQ.

Next Steps: Finalize and implement MOU. Report of operational barriers, if any to Commission by December 15.

5. *MSHDA, MDCH and MDEQ Should Develop an Annual Process to Identify Objectives, Funding, and Regulations Related to Lead Poisoning, and Coordinate to Maximize Resources and Effectiveness of Each Agency*

Action to Date: MDCH has prepared materials to share, but other agencies are having difficulty marshalling internal resources to address this objective. It was suggested that direction from the governor's office may help to elevate the status of this activity to department heads.

Next Steps: Staff will evaluate the suggestion in light of other issues that come up in this meeting, and prepare a recommendation for the Commission.

6. *Early On and MDCH Work Together to Assure Uniform Referral of Children Age 0-3 With Elevated Blood Lead Levels to Early On and Assure Referral by Early On to Educational and Other Resources*

Action to Date: Meetings underway, stakeholders expanded to include City of Detroit, other *Early On* coordinators, and Department of Education. Statewide Inter-Agency Coordinating Council has approved referral of children with BLL 5mcg/dl and above to *Early On*.

Next Steps: Work group will prepare draft rules and hold three public hearings across state for input. Group will provide written update to Commission by December 15.

7. *MDCH and MSHDA Jointly Conduct a Comprehensive Review of Existing Federal and State Protocols for Lead Hazard Practices, Considering Evidence-Based Practices, Best Available Practices, and Efficacy. Report to Commission by November 1, 2006.*

Action to Date: MSHDA has retained attorney Vanessa Fluker, TAVA Consulting, who has prepared a comprehensive literature review and comparison of state and federal standards and regulation related to lead hazards. Commissioner Jeffries distributed both. Jeffries has a time table and action plan prepared to meet this assignment.

Next Steps: MSHDA will convene parties from MDCH and elsewhere to proceed through work plan.

Summary of Activity Related to Enhancing Effectiveness of Government Programs: Commissioners note that significant progress has been made in most of the areas of desired activity. Will continue to encourage completion of remaining activities by December 15.

Maximizing Property Owner Inducements to Identify and Remediate Lead Hazards (Green packet)

1. *Michigan Should Provide State Income Property Tax Credits for Property Owners Who Conduct Lead Hazard Abatement*

Action to Date: Staff researching bi-partisan sponsors of last year's bill, and the bill's analysis. Leadsafe Partnership will share its information as well. It was noted that the prior bill eliminated persons who had received HUD or other government funds, and Commissioners felt this was not ideal.

Next Steps: After November election, staff will identify possible sponsors and language for new bill. Commission will consider at January meeting. Commissioners noted that the Michigan Capital Fund, which represents multi-family property owners, would be very supportive.

2. *The Prosecuting Attorneys Coordinating Council and the Michigan Rental Property Owners Association Should Develop and Provide Educational Materials About PA 434, and Develop a Record, By County, of Cases Brought to Prosecution.*

Action to Date: Mary Morrow, Assistant Prosecutor Wayne County, provided a memorandum updating Commissioners on activities within Wayne County. There will be a training session for all county prosecutors in November.

Next Steps: Commissioners noted that local public health officials are not yet educated on PA 434, and that they need to be involved for the law to optimally address lead hazards. Staff will arrange for Ms. Morrow to provide training to health officers and others through the Michigan Association for Local Public Health.

3. *The Rental Property Owners Association Will Conduct an Assessment of Property Owner Perceptions of PA 434, Regional Variation in Enforcement of PA 434, and Need for Education Regarding PA 434.*

Action to Date: Commissioner Powell absent, not able to provide report.

Next Steps: Staff will contact Commissioner Powell for information.

4. *MDCH, MSHDA and MDEQ Will Prepare a Comprehensive Assessment of the Liabilities and Protections to Which Property Owners, Lead Hazard Workers, and Others are Exposed to. They Will Also Recommend Strategies to Provide This Information to Stakeholders Through Numerous Venues.*

Action to Date: Some action by MSHDA legal staff and AG's office, more meetings may be scheduled at this time, but not certain. Because the issue involves real estate law, the AG office must be involved.

Next Steps: Staff will consider along with other cross-departmental issues, after full meeting.

5. *Investigate Opportunities to Apply Property Maintenance Codes to Multi-Unit Residential Rental Properties in Michigan.*

Action to Date: There has been no organized activity as yet.

Next Steps: Combine this activity with that to induce more uniform enforcement of property maintenance codes. Staff will contact Commissioner Powell to head, and involve other Commissioners.

Summary of Activity to Maximizing Property Owner Inducements to Identify and Remediate Lead Hazards: These activities are taking shape but need to be aggressively pursued for maximum impact on lead hazards.

Funding for Lead Poisoning Prevention and Control at Every Level (Goldenrod Pages)

1. *Implement a Public Health Trust*

Action to Date: The Michigan Public Health Institute's board of directors has approved forming a trust which will address public health prevention including lead poisoning. MPHI is filing Articles of Incorporation. A governing board will be appointed, and Trust will become operational January 1, 2007. It is anticipated that a Commissioner will be asked to serve on the board, and that a Lead Poisoning Advisory Group will be the first working group organized under the Trust.

Next Steps: Identify a Commissioner to recommend to Trust Board. Request that Jeff Taylor update Commission at its January meeting.

2. *Support and Assist DEQ to Identify New Funding Sources to Identify and Remediate Lead-Contaminated Sites*

Action to Date: No organized activity to date. Commissioners noted MDEQ has a shortfall of almost \$100M this year for clean-ups.

Next Steps: While this activity will fall under the larger initiative to identify future funding streams, commissioners suggested that MDEQ Director Chester be consulted as to getting this issue on the table for budgeting discussions. Staff will pursue.

3. *Explore Existing and Potential New Funding for Lead Poisoning Prevention and Control, and Make Recommendations to Governor and Legislature*

Action to Date: No organized activity to date.

Next Steps: Staff will work with Commissioners Beaman, Sproul, Dyer and others to begin research and make recommendations by December 15.

4. *Research Low-Interest Loans for Remediation*

Action to Date: MDCH and MSHDA have conducted some research.

Next Steps: Carin Reck will provide written report to Commission by December 15.

Summary of Activity to Secure Funding at Every Level: Little progress to date. To become the Commission's major focus between now and year end.

Testing Children for Elevated Blood Lead Levels (Pink Pages)

Commissioners reviewed Medicaid August 2006 lead testing report.

Federal Goal: 100% State Goal: 80 % by October 2007

Status August 2006, 2 year olds: 55% Statewide; 66% City of Detroit; 57% Managed Care; 46% Fee for Service

1. *Implement MCIR Software to Accept Lead Results: Discussed above*

2. *Internet-Based Training on AAP Lead Testing Protocols*

Action to Date: Funding secured through MDCH, course builder identified, steering committee participants identified, meeting being scheduled.

Next Steps: Begin course development, implement within 90 days. Begin informational campaign with professional organizations, Blue Cross, Medicaid, hospitals, health plans.

3. *MDCH/Medicaid Collaboration with Community Based Organizations in High Risk Communities (This issue is being combined with the recommendation to create automated notification of FFS providers when child needs testing)*

Action to Date: MDCH planning to target children who have not been tested. Report in development to identify children who have not been tested, by zip code, primary care

provider, managed care versus FFS, county. Will support targeted outreach by large community-based WIC programs.

Next Steps: MDCH will research whether Medicaid eligibility file can be flagged with pop-up to indicate child has not yet been tested. MDCH and Medicaid will review options to financially incentivize testing. Dr. Wisdom will research barriers to lead testing in Emergency Departments. Report to Commission by December 15.

4. *Evaluation of Barriers and Recommendations Re: Local Public Health Agency Testing for Blood Lead*

Action to Date: Stakeholder group representing Local Public Health Nurse Administrator's Forum, the Michigan Association for Local Public Health, the Michigan Association of Health Plans, Medicaid Health Plans, and staff from the Bureau of Family, Maternal and Child Health, WIC and the Family and Community Division met and identified barriers and 8 recommendations to increase the level of testing by strengthening ties and eliminating barriers among these organizations. Report provided to Commission in draft form. Work is in progress to implement the recommendations.

Next Steps: Work will continue, with quarterly reports to the Commission. Commission request list of local public health departments which are *not* providing BLL testing, the counties they cover, their explicit remaining barriers or rationale for not testing, and the testing alternatives available to county residents in each case. Report by December 15, 2006.

5. *Assure Coverage for Blood Lead Testing by All State Employee Health Benefit Plans, MICHild, and Other State Health Programs*

Action to Date: Discussions at MDCH led to the following action plan:

- Commission chair will send letter to directors of Office of State Employer and Civil Service indicating the need for state's employee health coverage to provide blood lead testing in accordance with the AAP/CDC guidelines.
- Medicaid director will send letter to MICHild contractors indicating the expectation that coverage for blood lead testing be covered in accordance with the AAP/CDC guidelines.

Next Steps: Staff to draft letters in October, submit to MDCH, monitor progress, report to Commission.

6. *Research the Cost for All Private Insurers to Cover Blood Lead Testing in Accordance With AAP/CDC Guidelines*

Action to Date: MDCH developed plan to engage Insurance Commission and develop information on private carrier coverage and costs for lead testing, and an incentive plan to provide carriers with information on children who have not been tested.

Next Steps: Execute plan, provide report to Commission by December 15.

- 7. Study and Recommend Processes to Automate Notification of Medicaid Fee for Service Primary Care Providers When BLL Testing is Indicated (This issue is being combined with the recommendation to engage CBOs in raising testing levels of Medicaid FFS children.*

Action to Date: MDCH planning to target children who have not been tested. Report in development to identify children who have not been tested, by zip code, primary care provider, managed care versus FFS, county. Will support targeted outreach by large community-based WIC programs.

Next Steps: MDCH will research whether Medicaid eligibility file can be flagged with pop-up to indicate child has not yet been tested. MDCH and Medicaid will review options to financially incentivize testing. Dr. Wisdom will research barriers to lead testing in Emergency Departments. Report to Commission by December 15.

Summary of Testing Children for Elevated Blood Lead Levels: Progress being made in reducing missed opportunities, fully engaging local public health, and maximizing coverage by all insurers. Much more progress anticipated as activities progress.

Educating Parents, Rental Property Owners, and Residential Contractors about Appropriate Lead Hazard Abatement Practices, and Strengthening Enforcement of Lead Safe Regulations

- 1. Engage Large Home Repair Retailers in Partnership to Develop a State-Wide Public Service Campaign Regarding Lead Hazard and Lead Safe Home Improvement Practices*

Action to Date: The Public Awareness funding specified in the Healthy Michigan Allocation for 2006-07 is focused on the development of messages for home repair retailers and others engaged in remodeling/remediation work. This part of the Health Michigan Fund budget has not been finalized within MDCH, and may be vulnerable.

Next Steps: Work to begin October 1 if funding is sustained.

- 2. MDCH and Providers of Remediation Training Develop Recommendations to Improve Training of Residential Construction Contractors, and Enhanced Enforcement of Lead Remediation Rules in Residential Sites.*

Action to Date: Commissioner Gallant and Wes Priem both absent, no report

Next Steps: Staff will obtain update.

3. *MDCH Staff Research Interim Control Options, Criteria for Lead Hazard Supervisors, Use of Lead Dust Sampling Technicians, and Other Measures Used in Other States*

Action to Date: Draft done and is being reviewed by the two departments. Bill Parker (MSHDA) and Wes Priem (MDCH) designed a job description for a Non-Abatement Lead Hazard Control Worker, both departments reviewing it.

Next Steps: Commission will request written update by December 15.

Summary of Activities to Educate Parents, Property Owners and Contractors:
These activities are under-developed and progress is necessary.

IV. NEW AND EMERGING ISSUES

MDCH provided Commissioners with a written report of barriers and recommendations related to lead hazards as identified by CLPP staff, for consideration by Commission in its future deliberations. Issues include:

- a. Medicaid reimbursement rates for public health nursing and environmental health assessments related to lead, and need for updated cost studies
- b. Need for additional home health nursing and another Ombudsman to enhance lead hazard and remediation state-wide
- c. Recommendation to include blood lead level testing as a requirement for admission to day care, as immunizations are

V. FUTURE MEETING DATES

Staff will review with absent Commissioners and finalize dates for January, March and June 2007.

VI. PUBLIC COMMENT

- a. Michele Borgialli noted that clients are often ineligible for MSHDA Property Improvement Program (PIP) loans for lead hazard control but so many of our clients are not eligible, and asked if there was a way to relax qualifications to get more people involved in the program. Commissioner Jeffries suggested that a new alternative loan program may be more feasible and suggested possible next steps to explore. LHHS staff will follow up and keep Commission advised.

VII. MEETING ADJOURNMENT

There being no further business or public comment, Chairperson Wisdom adjourned the meeting at 4:05 p.m.

Minutes submitted October 2, 2006 by



Donna Strugar-Fritsch, Facilitator

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Childhood Lead Poisoning Prevention and Control
Commission

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